

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
7017657449
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							91								
2							92								
3							93								
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48															
49															
50															
TOTAL IND.	3		3				TOTAL IND.								
TOTAL DEP.	27		27				TOTAL DEP.								
TOTAL CLAIMS	30		30				TOTAL CLAIMS								